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PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial)

Total Number of Pages in This Submission

Attorney Docket Number

09/995,885

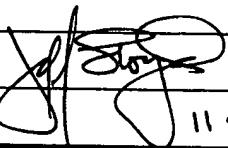
11/28/2001

Cho

1725

Examiner Name

MOC-100XQ1700

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Request for Withdrawal as Attorney or Agent</b>  <div style="border: 1px solid black; padding: 5px;">Remarks</div>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Jeff Lloyd	
Signature		
Date	11 June 2002	

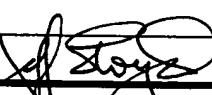
## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Honorable Commissioner for Patents & Trademarks, Washington, DC 20231, Attn: Bd. Of Patent Appeals and Interferences on June 10, 2002.

Typed or printed name

Jeff Lloyd

Signature



Date

11 June 2002

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COPY OF PAPERS  
ORIGINALLY FILED

PTO/SB/83 (03-02)  
Approved for use through 10/31/2002. OMB 0651-0035  
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REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT

Application Number	09/995,885
Filing Date	11/28/2001
First Named Inventor	Cho
Group Art Unit	1725
Examiner Name	
Attorney Docket Number	MOC-100XC1

JUN 27 2002  
TC 1700

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above-identified patent application.

The reasons for this request are:

Applicant has failed to pay the Attorneys of record for services rendered despite numerous requests resulting in a financial burden on the Attorneys. Applicant was notified by mail on April 26, 2002 of Attorneys' intent to withdraw. Additionally phone calls regarding intent to withdraw were made to the Applicant on May 17, 2002, May 24, 2002 and May 31, 2002. Despite Applicant's repeated assurances that a check would be sent, no payment was ever made. The Applicant's company phone and fax numbers have been disconnected. Continuing representation will result in economic loss to Attorneys. There are no outstanding actions in this application. Accordingly, Applicant will have sufficient time to obtain other representation. M.P.E.P 402.06.

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number	<input type="text"/>	→	<i>Place Customer Number Bar Code Label Here</i>	
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OR

<input checked="" type="checkbox"/> Firm or <input checked="" type="checkbox"/> Individual Name	Heung Ki Cho				
Address	Morpho Corporation				
Address	1255 Belle Avenue				
City	Winter Springs	State	FL	ZIP	32708
Country	U.S.				
Telephone	(407) 696-7979	Fax	(407) 696-7996		

This request is made on behalf of myself and  
 all the attorneys/agents of record,  
 the attorneys/agents (with registrations numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number 23,557

This request is enclosed in triplicate (including any attachments).

Name	Jeff Lloyd
Signature	
Date	11 June 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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